

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
<input type="checkbox"/> change of address	Date Received		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 2 / 12 / 14 6 / 9 / 14		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input checked="" type="checkbox"/> Special 7 / 19 / 14		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
			City Representative District 6
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Claudia Ordaz

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

CITY CLERK DEPT.
2014 JUN 19 PM 5:54

☐ additional pages17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 02. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)\$ 9,625EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 407.40CONTRIBUTION
BALANCE

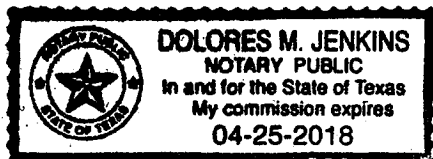
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 9,218OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Claudia L. Ordaz
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Claudia L. Ordaz, this the 19th day of June, 20 14, to certify which, witness my hand and seal of office.

Dolores M. Jenkins
Signature of officer administering oath

Dolores M. Jenkins
Printed name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 7	
2 FILER NAME Claudia Ordaz		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4-3-14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Susan, Ruben Guerra 6 Contributor address; City; State; Zip Code 5848 Diamond Point Circle E I Paso, Texas 79912	7 Amount of contribution (\$) \$250 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable) 2014 JUN 9 PM 5:54 CITY CLERK DEPT.
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5-8-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Merrick Garb Contributor address; City; State; Zip Code 1444 Rhode Island Ave NW Washington, DC 20005	Amount of contribution (\$) \$30 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5-9-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Alma Diaz Contributor address; City; State; Zip Code 1641 Dave Elliott E I Paso, TX 79934	Amount of contribution (\$) \$5 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5-9-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Beatriz Nava Contributor address; City; State; Zip Code 2916 Gilberto Avila E I Paso, Texas 79936	Amount of contribution (\$) \$5 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5-9-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Edenia Ponce Contributor address; City; State; Zip Code 12644 Sun Trail Drive E I Paso, Texas 79938	Amount of contribution (\$) \$5 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>7</u>	
2 FILER NAME <u>Claudia Ordaz</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>5-9-14</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Imelda Morales</u> 6 Contributor address; City; State; Zip Code <u>3250 Catherine Ann</u> <u>El Paso, Texas 79934</u>	7 Amount of contribution (\$) <u>\$5</u> (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>5-9-14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Cecilia Murphy</u> Contributor address; City; State; Zip Code <u>1362 Wyatt Earp</u> <u>El Paso, Texas 79934</u>	Amount of contribution (\$) <u>\$5</u> (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>5-9-14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Laren Paterson</u> Contributor address; City; State; Zip Code <u>5393 Montoya Drive</u> <u>El Paso, Texas 79922</u>	Amount of contribution (\$) <u>\$5</u> (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>5-9-14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Rebecca Hernando</u> Contributor address; City; State; Zip Code <u>1474 Dos Deannas</u> <u>El Paso, Texas 79936</u>	Amount of contribution (\$) <u>\$5</u> (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>5-9-14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Ana Lilia Miramontes</u> Contributor address; City; State; Zip Code <u>1905 Lyman Dutton</u> <u>El Paso, Texas 79936</u>	Amount of contribution (\$) <u>\$5</u> (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

7

2 FILER NAME

Claudia Ordaz

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5-9-14

5 Full name of contributor

☐ out-of-state PAC (ID#)

Karen Bezemek

6 Contributor address; City; State; Zip Code

10953 Sombra Verde
El Paso, Texas 799357 Amount of
contribution (\$)

\$5

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

5-9-14

Full name of contributor

☐ out-of-state PAC (ID#)

Cecilia Ruiz

Contributor address; City; State; Zip Code

11441 James Grant
El Paso Texas 79936Amount of
contribution (\$)

\$5

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-9-14

Full name of contributor

☐ out-of-state PAC (ID#)

Martha Hernandez

Contributor address; City; State; Zip Code

901 St. Catherine
El Paso, Texas 79936Amount of
contribution (\$)

\$15

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-9-14

Full name of contributor

☐ out-of-state PAC (ID#)

Martha Ordaz

Contributor address; City; State; Zip Code

11372 David Carrasco
El Paso, Texas 79936Amount of
contribution (\$)

\$50

In-kind contribution
description (if applicable)In-kind
Food for
Enchilada
Fundraiser

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-23-14

Full name of contributor

☐ out-of-state PAC (ID#)

Woody L. Gayle G. Hunt

Contributor address; City; State; Zip Code

4401 North Mesa
El Paso, Texas 79902Amount of
contribution (\$)

\$1,000

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>7</u>	
2 FILER NAME <u>Claudia Ordaz</u>		3 ACCOUNT # (Ethics Commission Filers) <u>2014 JUN 19 PM 5:54</u>	
4 Date <u>5-23-14</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Asher Jo Ann Casey Feinburg</u> 6 Contributor address; City; State; Zip Code <u>1000 Madeline</u> <u>E Paso, Texas 79902</u>	7 Amount of contribution (\$) <u>\$250</u> (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>5-23-14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Joshua W. Martha S. Hunt</u> Contributor address; City; State; Zip Code <u>1101 E. Baltimore</u> <u>E Paso, Texas 79902</u>	Amount of contribution (\$) <u>\$500</u> (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>5-30-14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>William Sanders</u> Contributor address; City; State; Zip Code <u>201 E. Main,</u> <u>E Paso, Texas 79901</u>	Amount of contribution (\$) <u>\$500</u> (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>6-2-14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Adam Z. Dana M. Frank</u> Contributor address; City; State; Zip Code <u>801 River Oaks Drive</u> <u>E Paso, Texas 79912</u>	Amount of contribution (\$) <u>\$1,000</u> (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>6-3-14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Scott PAC</u> Contributor address; City; State; Zip Code <u>1100 Chase Tower</u> <u>E Paso, Texas 79901</u>	Amount of contribution (\$) <u>\$500</u> (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

7

2 FILER NAME

Claudia Ordaz

3 ACCOUNT # (Ethics Commission Filers)

4 Date

6-3-14

5 Full name of contributor ☐ out-of-state PAC (ID#)

J.W. Rogers Jr.

6 Contributor address; City; State; Zip Code

1600 Dale Lane
El Paso, Texas 799027 Amount of
contribution (\$)

\$1,000

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

6-4-14

Full name of contributor ☐ out-of-state PAC (ID#)

Harold Hahn

Contributor address; City; State; Zip Code

2244 Trawood, Suite 100
El Paso, Texas 79935Amount of
contribution (\$)

\$1,000

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-5-14

Full name of contributor ☐ out-of-state PAC (ID#)

Isha Rogers Babel

Contributor address; City; State; Zip Code

1505 Rim Road
El Paso, Texas 79902Amount of
contribution (\$)

\$500

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-6-14

Full name of contributor ☐ out-of-state PAC (ID#)

Kirk Robison

Contributor address; City; State; Zip Code

4445 N. Mesa
El Paso, Texas 79902Amount of
contribution (\$)

\$1,000

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-8-14

Full name of contributor ☐ out-of-state PAC (ID#)

David Wyson

Contributor address; City; State; Zip Code

1020 Pennsylvania SE, 302
Washington DC 20003Amount of
contribution (\$)

\$250

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>7</u>	
2 FILER NAME <u>Claudia Ordaz</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>6-9-14</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Eileen Karllsruher</u> 6 Contributor address; City; State; Zip Code <u>35 Sun Point</u> <u>El Paso, Texas 79912</u>	7 Amount of contribution (\$) <u>\$250</u> (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable) <u>2013 JUN 19 PM 5:51</u>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>6-9-14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Ramon Bustillos</u> Contributor address; City; State; Zip Code <u>417 Executive Center</u> <u>El Paso, Texas 79902</u>	Amount of contribution (\$) <u>\$250</u> (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>6-9-14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Gerald Rubin</u> Contributor address; City; State; Zip Code <u>538 Laurel Cyn.</u> <u>El Paso, Texas 79912</u>	Amount of contribution (\$) <u>\$1,000</u> (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>6-9-14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Vincent Perez</u> Contributor address; City; State; Zip Code <u>649 Lardderry</u> <u>El Paso, Texas 79907</u>	Amount of contribution (\$) <u>\$100</u> (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>6-9-14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Jorge Perez</u> Contributor address; City; State; Zip Code <u>7950 San Paulo</u> <u>El Paso, Texas 79915</u>	Amount of contribution (\$) <u>\$25</u> (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>7</u>	
2 FILER NAME <u>Claudia Ordaz</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>6-9-14</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>Maria Perez</u>	7 Amount of contribution (\$) <u>\$25</u> <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code <u>7950 San Paulo El Paso, Texas 79915</u>		
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>6-9-14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>Sandra Montes-Ordaz</u>	Amount of contribution (\$) <u>\$20</u> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <u>11437 Lake Nemi El Paso, Texas 79936</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>6-9-14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>Andrew Perez</u>	Amount of contribution (\$) <u>\$30</u> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <u>602 Upson El Paso, Texas 79902</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>6-9-14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>Maeko Hernandez</u>	Amount of contribution (\$) <u>\$30</u> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <u>11708 Ronald McNair El Paso, Texas 79936</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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CITY CLERK DEPT.

2014 JUN 19 PM 5:04

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME <u>Claudia Ordaz</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>5-10-14</u>		5 Payee name <u>City of El Paso</u>			
6 Amount (\$) <u>\$250</u>		7 Payee address; City; State; Zip Code <u>300 N. Campbell</u> <u>El Paso, Texas 79901</u>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <u>Fees</u>		(b) Description (If travel outside of Texas, complete Schedule T) <u>Filing fee</u>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <u>2-14-14</u>		Payee name <u>Go Daddy</u>			
Amount (\$) <u>64.00</u>		Payee address; City; State; Zip Code <u>14455 N. Hayden Rd. Suite 219</u> <u>Scottsdale, AZ 85260</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Advertising Expense</u>		Description (If travel outside of Texas, complete Schedule T) <u>website</u>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <u>5-7-14</u>		Payee name <u>Kinkos - Fed Ex</u>			
Amount (\$) <u>\$93.40</u>		Payee address; City; State; Zip Code <u>1410 N. Lee Trevino</u> <u>El Paso, Texas 79934</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Printing Expense</u>		Description (If travel outside of Texas, complete Schedule T) <u>Campaign literature</u>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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